


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90002 017 ****61.25

DOCUMENT # N11122 1. Entity Name TOWNE SQUARE HOMEOWNERS ASSOCIATION OF PENSACOLA, INC.					
Principal Place of Business P.O. BOX 30465 PENSACOLA, FL 32503-1465		Mailing Address P.O. BOX 30465 PENSACOLA, FL 32503-1465			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		03292006 Chg-NP CR2E037 (11/05)	
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2607260	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WESTFALL, MARTH 5051 GRANDE DRIVE # L-4 PENSACOLA, FL 32504			7. Name and Address of New Registered Agent Name WOODS, SIDNEY Street Address (P.O. Box Number is Not Acceptable) 5051 GRANDE DRIVE M-3 City PENSACOLA FL Zip Code 32504		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE SIDNEY S. WOODS - TREASURER <i>S.S. Woods</i> 4-4-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARGER, LINDA 5051 GRANDE DRIVE, #L-2 PENSACOLA, FL 32504	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TURA SCHMITZ 5051 GRANDE DRIVE B3 PENSACOLA, FL 32504	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOWELL, POLLY 5051 GRANDE DRIVE M-2 PENSACOLA, FL 32504	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JUDY WOENER 5051 GRANDE DRIVE D2 PENSACOLA, FL 32504	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WESTFALL, MARTHA 5051 GRANDE DRIVE L-4 PENSACOLA, FL 32504	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIDNEY INOODS 5051 GRANDE M-3 PENSACOLA, FL 32504	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EDWARDS, MARY 5051 GRANDE DRIVE B-5 PENSACOLA, FL 32504	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Tura Schmitz, President</i> 4/4/06 850 478 8807 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					